

# The Medical Times and Register.

VOL. XXXIX No. 12

PHILADELPHIA AND BOSTON, DECEMBER, 1901.

WHOLE No. 1010

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## ORIGINAL.

### TUMORS.

BY W. H. WALLING, M. D.  
PHILADELPHIA, PA.

A tumor is literally a swelling, the term being from the Latin word *tumere*, to swell. Tumors may be considered under two general classes: 1. Any enlargement or swelling of a part. 2. A new growth, not the result of inflammation or hyperplasia. A tumor is *atypical*, i. e., irregular, not conforming to type, when it differs from the tissue in which it develops. —[Gould.]

Tumors are also classed as benign and malignant. Under benign tumors may be included fibroid, myomas, or muscle tumors, myoma-fibroma or mixed tumor, lipomas, or fatty tumors, osteomas or bony tumors and some others. The malignant varieties are such as come under the general head of cancerous growths, of which sarcomas, canceromas, epitheliomas and scherrus are varieties. The essential difference between benign and malignant tumors is that the

first are liable to recur after removal, while the latter do not return. At the same time, all tumors are to be regarded with suspicion from the fact that at anytime the so-called benign tumors may degenerate and become malignant. For this reason, every tumor, no matter what its present character may be, should at once receive appropriate treatment looking to its entire removal. The knife is not always the best means of removal; in fact, cancerous tumors removed by ordinary surgical operations are very apt to return, as the knife only removes such tissue as it can reach, leaving outlying and possibly infiltrated regions untouched, in which the germs of cancer may still lurk.

Furthermore, the vessels and tissues in the track of the knife are left patulous and exposed to the infection of escaping germs, which may in some instances account for a recurrence.

If a knife be used it should be the galvano-cautery, which not only removes as much as the ordinary instrument, but it effectually seals up the vessels and tissues, thus preventing reinfection.

Another and most effective method of treating cancerous growths, is by electrolysis. A gang of steel needles say four to six, comprise the negative pole or cathode, while a similar gang of platinum needles form the positive pole or anode. Each set is insulated with shellac to within a quarter, half or one inch of the distal end, the exposed portion varying with the size of the tumor. After use they can be thoroughly sterilized by washing and afterwards passing them through the flame of an alcohol lamp. Sufficient battery power must be available to furnish from twenty-five to five hundred milliamperes of current, as needed. On one occasion only has the writer used over one half an ampere in such operations.

The technique is as follows: The parts are to be washed with some sterilizing solution, and the patient placed under the influence of ether, the needles thrust into the base of the tumor, being careful to differentiate the poles as above, and sufficient current turned on to electrolyze the tissues and cut off all circulation to the growth. This will require a current intensity varying with the size of the tumor. The current should be allowed to pass for ten, fifteen to twenty minutes, the time varying with the intensity as well as the size of the growth. It is well to change the location of the needles once or twice, so as to reach the entire involvement.

The method of Dr. Inglis Parsons, of England, is of most decided advantage in large growths, with deep infiltration. This consists in the sudden making and breaking of the current, with the needles in situ. As is well known, the lines of force of the current are far-reaching, traversing

the outlying tissues to a comparatively great distance. By the sudden application and withdrawal of a strong current, these lines of force traverse the whole region, and the cancer cells, being a low organism, cannot withstand the severe shock given, and are killed, while the highly organized healthy, normal cells, do withstand it, and survive. This shows why the properly applied electric current is far preferable to the surgeon's knife for such operations.

After such an application the mass acted upon turns black and can be easily removed. Any points not sufficiently acted upon may be again treated with a milder current and the tumor effectually removed. Ordinary antiseptic dressings are to be applied and the strength of the patient kept up by all available means.

Another method which has given good results in advanced cases, is the one used by Dr. Massey, of this city. He uses a large hollow gold instrument, covered with mercury. An incision is made into the tumor, the instrument thrust in, more mercury poured in, and a current of high intensity is then given without shock. The mercury is used with the anode, and is supposed to penetrate the whole tumor, and to kill the germs. The entire mass slough out, when the wound is to be treated in the ordinary way.

All these methods are good, and to be used as indicated, giving most favorable results. Of course, where there is a secondary involvement of internal structures, no method of treatment will avail. A case of this character came under the writer's observation in 1900. The left breast was the seat of the original tumor, which was of large size. The glands of the axilla

were infiltrated, and the case presented a most unpromising outlook. The lady refused operative interference of any kind, and continued the use of internal remedies. Some four months after I saw her she died, and the autopsy disclosed a liver quite thickly studded with cancerous nodules. The removal of the initial tumor would have availed but little, as it had been too long neglected. Early removal is the only safe course.

#### CANCER OF THE UTERUS.

In these cases an early diagnosis should be made and the growth extirpated by means of the galvano cautery, removing as much of the outlying tissue as possible. Dr. Byrne, of Brooklyn, N. Y., who introduced this method, reports most excellent results following its use.

The treatment of fibroid tumors, goiters, etc., will be considered in a subsequent article.

1602 Arch Street.

#### THE DISTURBED MENTAL STATE IN GONORRHOEAL PATIENTS.

BY DR. LACAT.

*Le Méd. du Nord.*

1st Nov., 1901.

Gonorrhoea is often attended and followed by many disordered states. "If I were a strict nosologist," said Ricord, "I would place gonorrhoea among mental diseases."

Diday, Matthieu, Louis and Fournier have so viewed it and from them we learn of their different pathogenic hypotheses. Murat in 1896 spoke of a state of languor which accompanies the disease and attributed the psychic trouble to the action of a toxine.

Lustgarten and Neuturie describe a form of "gonorrhoeal insanity."

Guillard and Cuillere submit obser-

vations of psychic troubles with delirium produced by this infection.

Raynaud d'Alger has studied the nervous erethism and its determining causes, here. He divided this into two grand categories, the blenoragic with a mental state non-systematized and those mental systematized.

The first includes the religious, etc. The second category includes the neurasthenic, the dull, melancholic, the hypochondriac, the hysteric and the maniac.

The author accords a certain value to age and sex in the acuteness of symptoms.

Urethral reflex influence is believed to exert an influence as well as infection. Very frequently there exists no direct relation between the degree of mental disturbance and the acuteness of clap.

According to Venturi, gonorrhoeal insanity is often dependent on an arachnoiditis with a serous effusion produced by the gonococcus.

The most decisive causes of predisposing influence are neuropathic tendencies.

Lecat has observed the great frequency of these obsessions in the progeny of neurasthenics, hysterics, epileptics and alcoholics. He observed it in those presenting well-marked evidence of physical stigmata. The author concludes as follows in the matter of prognosis and treatment:

"There are various mental troubles associated with gonorrhoea, more frequent with the male, they occur in the female. They have no definite relation with the form of the disease, its acuteness, its period or the age of the patient."

Their variations are numerous and present many analogies with several pathological conditions of the cerebro-spinal system.

They are most accentuated in those who inherit neurotic tendencies and in the intellectual.

Prognosis depends on the character of the mental trouble. Final prognosis is generally hopeful.

Prophylactic treatment includes three indications.

1st Treatment prophylactic—treat the patient as we know him.

2nd. Treat the gonorrhoea.

3rd. Apply to each phase of mental disturbance its own proper therapy.

T. H. M.

NOTE.—We are beginning to realize that gonorrhoea is a disease attended with many protean manifestations, that not only may lead to local pathological changes in the urethra, that it may provoke muscular wasting and joint infection, but that it may even seize on the delicate structures of the brain itself.

The celebrated John Hunter always insisted that it was a constitutional malady no less serious than syphilis, and that it should be always treated vigorously through constitutional depuratives, as well as by local measures.

The writer is able to bear testimony to the full truth and pertinency of M. Lecat's able contribution, having recently had the most distressing illustrative cases of mental aberration, during the declining stages of the disease.

In one instance, a young man of 26 years, he labored under the delusion that the doctor tried to poison him, in collusion with the druggist.

He had spells of the most alarming mental disturbances. Happily, however, under active anti-blennorrhagic treatment of the urethra, irrigation, gradual dilatation and the Faradic current, the symptoms gradually yielded.

The mental aberration is undoubtedly very largely dependent on reflex symptoms, provoking deeply-lodged pathological changes in the mucous crypts, the long tortuous canals in the prostate, or what is not infrequently the most serious trouble, a low grade of inflammation in the submucosum, extending into the erectile tissues, when the seat of infection is in the penile urethra. T. H. M.

#### BETA-EUCAIN ACETATE, A NEW FORM OF EUCAIN.

From the Poliklinik of Professor Silex, Berlin.

BY DR. PAUL COHN.

(Translated from *Die Medicinische Woche*, Berlin, September 9, 1901.)

Every one who has had occasion to experience the beneficent action of cocain has probably also encountered the unpleasant effects which the drug, so absolutely necessary in surgery, and more especially in ophthalmological department, exhibits in individual cases. Leaving its marked poisonousness out of account, I would mention only the mydriasis inseparable from its employment, the by-effect of all others which forces itself upon the attention of the ocular surgeon. Some twelve years after the introduction of cocain into ophthalmological practice, Vinci in 1896 first recommended Eucain in its place. An exacter experimentation, however, soon showed that the new preparation had some serious drawbacks; and so the very next year Beta-Eucain, an improved form possessing all the advantages of the original preparation without its disadvantages, was prepared. It was put upon the market by the Schering Factory as a hydrochloric acid salt, and has been tried and recommended by numerous authorities. The exceptional cases in



which its effects have not been satisfactory are probably such in which it has been employed in too great concentration. We have investigated this aspect of the subject in our own Poliklinik during the past winter, and have found in a series of over a hundred eyes in which it was tried that a two per cent. watery solution was quite sufficiently strong to give thoroughly satisfactory results.

Very recently the Schering Factory have prepared Eucain in a new form, that of an acetic acid salt. It is superior to the hydrochlorate in that it is very readily soluble in water, even to the extent of thirty-three per cent. In other respects it behaves exactly like the hydrochloric acid salt; thus the addition of an alkali causes precipitation of the free base, and it can be sterilized by boiling without undergoing decomposition.

In Professor Silex's Poliklinik, the new drug was tried upon twenty normal eyes, and upon eighty affected with various pathological conditions. Special attention was paid to the indications for its use in ordinary office practice. It was employed in a two per cent. watery solution, after it had been found that the stronger concentrations did indeed have more rapid effects, but were followed by undesirable symptoms of conjunctival irritation.

In regard to the action of the Acetate of Beta-Eucain upon the normal eye, the testimony of the patients experimented with was contradictory. Some, even a slight majority of the number, stated that there was a little burning after the installation of the first drop, which, however, never lasted more than half a minute, and could absolutely not be called painful. Others, including the author of this

paper himself, found that it caused no burning at all, and that in fact the installation of a drop of a two per cent. cocain solution was more disagreeable.

Objectively, there occurred in most cases a slight conjunctival hyperæmia after the installation of the first drop; exactly the contrary to the ischæmia of the conjunctival vessels caused by cocain; together with a moderate amount of tear secretion. These symptoms disappearing in thirty to forty seconds. After three minutes, during which time three drops had been instilled, the corneal anæsthesia was complete; one minute later only the conjunctiva became anæsthetic. The anæsthesia lasted for ten to fifteen minutes, and then slowly diminished.

There was never any disturbing influence noted upon the pupillary dilatation; which was in great contrast to the cocain mydriasis, which often lasts for hours, and is practically very troublesome. There was no disturbance of accommodation at all. The tension of the bulb always remained unchanged, whereas, as is well known, even a very few drops of cocain cause hypotony of the bulb.

There was never any injury to the corneal epithelium from the Eucain though it must be remarked that this can be avoided even with cocain, if, as is customary in our Poliklinik, the eyes are closed after the installation and the lids covered with a moist pledget of sublimate cotton.

Symptoms of general intoxication, such as syncope, vomiting, etc., were never noted, no matter how large a dose of the Acetate of Beta-Eucain was employed.

As regards the pathological cases in which the drug was tried, they

were confined to such as belong to what may be called minor surgical ophthalmology, and which are generally treated in the practitioner's office.

In ten cases foreign bodies, most often splinters of iron, were removed from the cornea. After four or five drops the cornea was sufficiently anæsthetic to permit of their removal, even when deeply seated. Small traumatic infiltrations left after the removal of a foreign body were curetted out with equal readiness.

Four to five drops were also sufficient to permit of the galvano-caustic treatment with the platinum point of infiltrations, corneal ulcerations, erosions, and pterygia; which latter are treated by this method in our Poliklinik with the best results. This amount sufficed to render the little operations entirely painless; and the same holds true for the tattooing of corneal opacities and leucomas.

The Acetate of Beta-Eucain was just as useful as cocain in diseases of the lachrymal apparatus; slitting of the canaliculus, the introduction of sounds, and lavage of the duct could be effected without any pain to speak of after the instillation of a couple of drops of the 2 per cent. solution.

A similar small amount was all that was required for the removal with the scissors of several granulation nodules appearing after strabismus operations, some of which were quite large. In similar manner a small broad conjunctival papilloma was ablated.

Ten patients suffering from chalazion were relieved of their trouble without much pain after the instillation of three or four drops of the 2 per cent. solution of Beta-Eucain Acetate by incision from the conjunctival surface, followed by curetting out of the

contents of the tumor and the excision of a piece of the tarsus.

The subconjunctival saline injections furnished a further indication for the use of the anæsthetic. This process has been employed with good results in our clinic for opacities of the vitreous, choroiditis macularis, ablatio retinae, and old keratitis and corneal opacities. A half to one syringe of a 4 per cent. solution is injected every fourth or fifth day. After the installation of three drops of the Beta-Eucain Acetate solution, the injection, and more especially the introduction of the canula, could be effected even in children with hardly ever any pain. In forty injections pain of any severity and reddening of the bulb was observed only twice; and these were in eyes that were already moderately injected from chronic inflammation or increase of ocular tension.

We find that the action of the Beta-Eucain Acetate upon all these eyes may be summarized as follows:

Its anæsthetic power is equal to that of Beta-Eucain Hydro-chlorate and cocain.

Poisonous symptoms of any kind were never observed even when for various reasons, it was administered very freely. Nor did it have any deleterious influence upon the corneal epithelium.

Disturbances of accommodation or mydriasis was never noticed; nor was there ever any change in the ocular tension.

The very slight disadvantages inherent to the employment of the drug, such as the slight burning and lachrymation shown by most of the patients, and the very moderate conjunctival hyperæmia, have no weight at all compared with its good points. In

certain cases this last effect is even a useful one; as for example in making the subconjunctival injections, when the dilated conjunctival vessels can be more readily seen, and thus the formation of slowly absorbed, and when considerable very disfiguring, hæmorrhages will be avoided.

It is as yet only a matter of theoretical consideration whether the Beta-Eucain Acetate hyperæmia may have a favorable effect on various corneal or conjunctival disease processes.

Repeated sterilization by boiling did not alter the qualities of the anæsthetic in the slightest.

Finally, it is of interest to the busy practitioner that the price of the Beta-Eucain Acetate is half that of cocain.

Thus Beta-Eucain, both in the form of the hydrochlorate and the acetate, is a good local anæsthetic for the practitioner to employ, and should be used instead of cocain, more especially in minor ophthalmological surgery, in much of his office work. It must not be forgotten, however, that the indications for the employment of the Eucain differ slightly from those for cocain. The hyperæmia that is occasioned by Beta-Eucain renders it unsuitable for cases in which the tissues of the anterior portion of the bulb are already hyperæmic or irritated; but in all others it should be applied in its stead. As we stated in the beginning of this article, solutions stronger than 2 per cent. caused unpleasant irritation, and we did not employ it any more concentrated in the eye. Undoubtedly, however, the ready solubility and non-poisonousness of Beta-Eucain Acetate will lead it to be used in greater strength in other departments of surgery, and in dentistry, where it will be a welcome enrichment of the practitioners' arm-

amentarium. It will probably not be long before these further fields of usefulness will be investigated.

In conclusion I desire to thank my honored chief, Professor Silex, very sincerely for his support and aid in these investigations.

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## SOCIETY REPORTS.

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### NEW YORK ACADEMY OF MEDICINE.

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#### Section on Orthopaedic Surgery.

*Meeting of October 18, 1901.*

GEORGE R. ELLIOTT, M. D., CHAIRMAN.

#### INFANTILE PARALYSIS STIMULATING CONGENITAL TALIPES CALCANEUS.

Dr. A. B. Judson presented the case of a baby five months old with what at first view appeared to be left congenital talipes calcaneus. Passive motion was abnormally free, active motion was deficient. The position was that of talipes calcaneus. The history was given of a three days' sickness occurring when the child was two months old, in which there were fever, trembling and general cutaneous hyperæsthesia, but no vomiting, diarrhoea or convulsions. The diagnosis of infantile paralysis was made and will probably be confirmed by partial spontaneous recovery during the next year. The cutaneous circulation was apparently normal and the general health of the infant was excellent. The left thigh and leg were one-half less in circumference than the right. The arms were normal. Congenital calcaneus were rare. Such a case with the resistant tissues and lasting deformity of congenital varus would be well worth careful study and description.

Dr. W. R. Townsend agreed with the diagnosis of infantile paralysis.

He believed well marked congenital talipes calcaneus to be very rare, although he had seen such cases.

Dr. George R. Elliott asked Dr. Townsend what muscles would be affected to cause such a deformity as that presented.

Dr. Townsend replied: Gastrocnemius soleus and plantaris.

Dr. Elliott asked Dr. Judson if the poliomyelitis was limited to the posterior group of muscles.

Dr. Judson replied that a careful electrical examination had not been made.

Dr. Henry Ling Taylor said in reference to the statement about the rarity of congenital talipes calcaneus, that while he agreed that the severe forms were rare, the milder varieties were fairly common; they, however, usually corrected themselves without special treatment.

#### CREPITUS IN CERVICAL POTT'S DISEASE.

Dr. Judson presented a case of crepitus heard in cervical Pott's disease in a woman 40 years old, accustomed to house work. Symptoms had been present about a year. Movements of the head had caused pain of the forehead and face called by the patient "neuralgia." She had often supported the head with her hands and at night had needed a number of pillows carefully arranged to hold the head in a comfortable position. When she stopped work for a time she felt better but on returning to work the trouble was increased. The deformity was marked, being partly due to a forward displacement of the axis of the head, a condition invariably present in cervical Pott's. The width of the neck posteriorly was increased. There was no abnormality of the trunk or any other part of the skel-

eton. She said that at one time the head was much flexed and inclined to the left. Six months ago she noticed that motion of the head in rotation was accompanied by a cracking sound. On examination the crepitus was readily heard, simulating bony crepitus, but evidently due to tendinous or muscular slipping.

Dr. Townsend said that he could not agree with the diagnosis of cervical caries; he was inclined to consider the case one of osteo-arthritis which deceased condition had been well described by Goldthwait in the Transactions of the American Orthopedic Association, Vol. XII.

Dr. Elliott agreed with Dr. Townsend that the symptoms and objective signs were not typical of cervical caries. He would expect to find more disability, more rigidity due to reflex spasm in spite of the fact that frequently the symptoms or signs of caries in the adult were frequently masked. Cervical caries appearing at the age of 40 were not common and at that age almost invariably progressive, which did not appear true in the present case.

The crepitus, too, which was elicited so markedly upon free movement of the neck rather pointed to another disease.

The word *caries sicca* he believed to be largely a pathological misnomer.

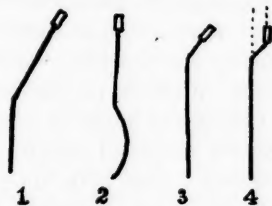
Dr. Taylor agreed with the two foregoing speakers. He thought the patient should have shown more severe symptoms and more tendency to progress were it a case of caries.

The indications for treatment, however, of osteo-arthritis and tuberculosis of the spine were the same as far as protection and support to the diseased vertebrae were concerned.

Dr. Judson expressed himself as



unable to amend his diagnosis. He considered the case as a typical one of cervical Pott's disease and recalled the symptoms in detail. He took the opportunity to call attention to an important sign of disease in this region. Figures 1 and 2 showed how the lordosis accompanying deformity in the dorsal region was unconsciously assumed by the patient for the preservation of his equilibrium. This has been well shown in the photograph exhibited by Dr. H. Gibney at the meeting held on October 19, 1900. In cervical disease, figures 3 and 4, the equilibrium was not seriously disturbed but the necessity of a horizontal visual axis led to extension of the head at the occipitoatlantal articulation with the characteristic forward displacement of the axis of the head seen in Figure 4 and in the patient who had been presented.



Dr. Leonard W. Ely asked if this sign was invariably present.

Dr. Judson replied that in adults it was.

#### OSTEOTOMIES FOR CORRECTION OF BOW LEGS AND KNOCK-KNEES.

Dr. Homer Gibney presented six cases, and described method employed. Three of the cases shown were very marked anterior curves of tibiae entirely corrected. Tracings, photographs and notes from the records of the Hospital for Ruptured and Crippled were presented.

Dr. L. A. Weigel, of Rochester, said that he was somewhat in doubt

as to what constituted a true bow-leg and the proper course to pursue in a certain class of cases. An outline tracing of the leg might show an apparent bowing while a skiagraph would demonstrate that the shafts of the leg bones were straight. He exhibited skiagraphs of two cases to illustrate. In one of the cases the deformity was corrected by osteoclasia, but the skiagraph showed that the legs were straightened by making the bones slightly crooked.

Dr. Townsend agreed with Dr. Weigel about straightening legs often by making them "crooked." He had found frequently that in cases where the deformity was ideally corrected the bones were actually very crooked, and his experience with radiographs had been similar to that expressed by Dr. Weigel.

Dr. Taylor wished to call attention to the importance of correcting inward rotation of the tibia in cases of bow-legs. There often existed an inward twist of 20 degrees or more and this could only be obviated by everting the lower fragments at times of operation. In the cases presented by Dr. Gibney, he noticed that two of the children showed a marked inward twisting of the feet. Too little attention had been given to this point by operators. Neglect to correct this rotation meant an incomplete correction of the deformity and liability of a recurrence of the bow-leg. He advised breaking the fibula as well as the tibia, well loosening the fragments, twisting the foot out as much as possible—the resulting eversion would not be too great.

Dr. R. H. Sayre remarked that in one of the cases presented in photograph by Dr. Weigel, the thighs as well as the legs were bowed, and the

bowing was accounted for probably by twisting of the neck of the femur as well as the lower part of the femur near the condyles. In many cases the distortion was found close to the epiphyses while the shafts of both tibia and fibula were straight. Operation should be performed at point where deformity existed.

#### COXA VARA.

Dr. Taylor presented a boy first seen by him in May, 1900, then six years old. He gave the history of having walked at the age of 11 months and of having been lame in the left leg ever since. There was one-half inch shortening of the left leg, the trochanter was elevated one half inch and the head of the femur could not be felt. The symptoms pointed to coxa vara but he had not known of any other cases of this disease beginning at such an early age. A skiagraph showed that the head of the bone was in the acetabulum and that the neck was bent downward. There was no evidence of rachitis. The leg at present was smaller than the right; abduction and outward rotation were limited, other movements were free; shortening and elevation of the trochanter were the same. There had never been any pain.

Dr. Sayre said he should judge from the skiagraph that there had been a fracture of the neck of the femur, and the inability to secure history of traumatism did not necessarily have any weight. The child had not been seen till six years of age and gave the history of walking at 11 months and limping. He judged that this might be a case of fracture or of epiphyseal separation.

Dr. Weigel asked if there had been epiphyseal separation would not the action of the muscles have te. led

draw the trochanter and shaft upward the head being retained in the acetabulum.

Dr. Sayre said that would depend on the extent of the fracture, in other words, whether it were complete or not.

Dr. Taylor said that there was a history of several falls, none of them severe or followed by symptoms of injury.

It was evident that coxa vara was present whether as the result of traumatism or malformation.

Dr. Weigel read a paper on "Skiagraphy in Orthopedies," illustrating his discourse with many negatives adjusted in the X-ray stereoscope which he used. A brief reference was made to the technic of stereoscopic skiagraphy, and the advantages over the ordinary method of producing X-ray negatives were fully explained. The technic was not difficult. He considered one of the principal difficulties in skiagraphy—the proper interpretation of the negative in the stereoscope. The idea of depth was given which was not apparent when viewing the negative alone. By reversing the negatives in the apparatus the pictures could be viewed from the opposite surface.

Dr. Weigel also presented the subject of "fractures and dislocations in tubercular joint disease," with illustrative skiagraphs.

One of these was of a boy who was said to have double congenital dislocation of the shoulders, which proved on careful examination to have been tubercular destruction of the joints, with partial dislocation. On one side an abscess cavity of large size communicated directly with the joint.

In another case involving one elbow joint and forearm the necrotic process

gradually attenuated the shafts of the radius and ulna. Eventually a complete separation of the latter bone occurred about one inch below the joint, and allowed the bones of the forearm to slide upward and backward.

#### A DRESSING FOR ABDOMINAL WOUNDS.

Professor R. T. Morris, of New York, whose contributions on abdominal surgery have been of so much value, has for many years made extensive use of aristol in the dressing of abdominal wounds. In his lectures on appendicitis he states that he has replaced iodoform by aristol, which is similar in its action, but is preferable "because it adheres to the tissues much more tenaciously, because it seldom if ever produces any toxic effects, and because it smells better." He believes that while aristol does not act directly as an antiseptic, it quickly forms with lymph a thin, protecting coagulum, which is almost impenetrable to bacteria, the free iodine which is given off destroying the existing ptomaines. He considers aristol of the utmost importance in closing tissue planes against infiltration from a wound. Aside from its use as a dressing to the external wound, he has found this drug of great service in preventing secondary peritoneal adhesions. Other very prominent surgeons, as for instance, Professors Tattle and DeGarmo, have been equally strong advocates of aristol in abdominal surgery, and it is of interest to note that it was recently used in the dressing of the late President McKinley's wound (*American Journal of the Medical Sciences*.) The special advantages of aristol for the treatment of wounds are its remarkable cicatrizing property, its freedom from irritation, and its analgesic action.

## The Medical Times and Register

is published monthly.

ENTERED AT THE Philadelphia Postoffice as second-class mail matter.

ADVERTISING RATES may be had on application to The Times Publishing House, Parkesburg, Pa., or to the Philadelphia office, 1602 Arch street.

REPRINTS of Original Articles are not furnished except on payment of cost price by the author.

SUBSCRIPTION PRICE is \$1.00 a year in advance. Foreign countries, \$1.50. Single copies, 10 cents.

ALL COMMUNICATIONS, reviews, etc., intended for the editor should be addressed to 367 ADAM STREET, DORCHESTER, BOSTON, MASS.

THE MEDICAL TIMES AND REGISTER is published by The Medical Publishing Company, 1602 Arch St., Philadelphia, to whom all remittances should be made by bank check, or postal, or express money order, or to J. Ernest Paxson, Business Manager, Parkesburg, Pa.

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## Editorial.

### THE TRADES UNION AND THE MEDICAL PROFESSION.

BY THOS. H. MANLEY, M. D., NEW YORK.

We have had our attention recently drawn to the above subject by a communication in our esteemed contemporary, *American Medicine*, from the able pen of Dr. M. V. Ball. The Doctor goes on to show that the ethics of all medical combinations, societies etc., are based on the principles of trades-unionism.

He says: "The physician, by his society or organization, hopes to secure proper qualifications for all such as intend to practice medicine; a minimum rate of compensation for his service, and the proper recognition of his organization. He cannot easily obtain the latter, but he attempts it by

State regulation and licensing, and if the workingman could have his trade protected by a State license he would be glad to forego the trial of a strike, for there would be no need of it in order to secure recognition for his union. If it is said that a physician may or may not belong to a medical organization and still be in good standing, it can also be said that three-fifths of the workingmen are unorganized and yet work with others who are, but when union men are on a strike for a principle they have no words strong enough for the men who will take their places. Were the physicians employed in a certain hospital to resign because of an attempt on the part of the managers to violate some sound ethical principle, or because of a refusal to employ them because they belonged to a medical society, they would be as much inclined to shout "scab" at the doctors who usurp their positions as is the poor workingman at those who take his place. What respect have physicians for the man who seeks to gain patients by lowering his fees? The same respect the union workingman has for the man who works for less than the minimum rate. When their opponents are fair, the labor unions are in every way the equal of medical unions, and there is a spirit of sacrifice and unselfishness in them that is not to be found in any medical organization, and I speak from experience in both. We are fortunate in still owning some of the tools of our profession, but it will not be long before medical men will be obliged to defend themselves against the greed and commercialism of lay managers, insurance organizations and other institutions conducted for profit, and perhaps they will be very glad then not only to look to the labor

unions for advice, but to call on these to aid them in securing a living wage and the right to organize. The fight between labor and capital has not yet had its historian, but when the story will be correctly told, the labor unions will stand forth brilliantly white against the blackness and foulness of their opponents. Medical unions need have no fear of demeaning themselves by adopting the principles of the labor union, whose motto universally is: 'One for all, and all for each.' " To all of which we say, amen!!

Dr. Gould, the editor of *American Medicine*, however, handles the writer without gloves, and among other observed and untenable assertions says: "In word and methods the physician is essentially and individually free. \* \* \* Trade unionism in medicine would be organized selfishness and the regulation of all conditions and motives for financial considerations. This would not be conducive to professional unity nor would it be for the public welfare." Editor Gould expresses especial sympathy for the "scab." Now is it not about time some plain truths were told, that may let in a little sunshine, and that plain facts were stated?

Do we not all know that there has been such a thing as "professional unity," and that medicine is divided into a thousand factions?"

Do we not know that the enforcement of any code of discipline means professional death to him who ignores it? The toiler labors primarily for himself; indirectly for the common meal. Does the physician do more?

The medical trusts now taking shape in the form of colossal hospitals, dispensaries, insurance companies, the paid physician of the cor-



porations, whose duties are to crush out all competition of every description, under a very much larger development and enforcement of the principle of trades-unionism in medicine.

In Great Britain the subject of medical underbidding for consultation work has become a matter for Parliamentary discussion, and the fact is that members of the counsel of the British Medical Association stand a good chance of an early decapitation by the plodding members of the British Medical Association.

The supreme indifference of the greater number of leading medical officers in the State and county medical societies to the wants and needs, and to the protection of "the men in the ranks," has led to such circumstances in the profession that not more than one half of the honorable practitioners are attached to medical organizations of any description.

"To limit the output" is clearly within the right of any corporation of men. It is right for the trust, why not for those who created the trust or made it possible? In medicine it was long since found indispensable to raise the standard, the financial equipment of the apprentice and student, as to in some places absolutely exclude the self-made man, or the poor scholar and reduce the output of doctors fully 50 per cent.

It is true we do rotten egg or slug the medical "scab" in America, but he has been murdered in Europe. Here we reduce him by a more refined, though none the less cruel method of slow starvation; but he elected to take the chances and let him abide them.

#### INFANTILE ATROPHY.

DR. J. L. MORSE gives the diagnosis of infantile atrophy as follows: The

condition is to be differentiated from starvation, wasting secondary to functional or organic disease of the stomach or intestine, congenital syphilis and disseminated tuberculosis. The differentiation from starvation due to congenital deformities is self-evident; that from starvation due to insufficient but suitable food is also plain. The rapid gain when sufficient food is given will settle any doubt. That from starvation due to food of improper character can usually be readily made by a careful consideration of the food in question and by a rapid improvement when a suitable food is given. The differentiation from gastro-intestinal diseases associated with wasting must often be a difficult one, as infantile atrophy is frequently complicated by them. In them, however, the wasting is not the one prominent symptom, as it is in infantile atrophy. It is, moreover, not the earliest, but a late symptom, always following symptoms of gastric or intestinal disturbance. Vomiting and diarrhea are more common. The stools show evidences of indigestion and inflammation not present in those of infantile atrophy. The abdomen is as a rule, distended. The temperature is usually elevated. There is fretfulness and sleeplessness instead of apathy. The course is not so progressively and uninterruptedly downward. Infantile atrophy in the vast majority of cases occurs in the first six months, and rarely after the first year; the other conditions occur at any age. The history of syphilis in the parents and the presence of other signs of syphilis active or inactive, make the diagnosis from syphilis with emaciation easy. The differentiation from disseminated tuberculosis, however, is frequently difficult and at times almost impos-

sible, for in the tuberculosis of infancy the local symptoms are subordinate to the general. A family history of tuberculosis or of continued exposure is of certain, but not of great importance. So also is doubtful milk supply. The temperature is likely to be elevated in tuberculosis, but is not always. On the other hand, in some cases of infantile atrophy, especially if complicated, there is fever. Diarrhea cannot be considered as pointing especially to tuberculosis of the intestines, as it may as well be due to some complicating condition. Enlargement of the spleen is in favor of tuberculosis. Enlargement of the liver may occur in either. Rales are almost always present in the lungs of cases of a complicating bronchitis. Solidification of the lung is the most important point in the differential diagnosis, except in the rare instances in which the tubercle bacilli can be demonstrated in the sputum or feces. Even solidification, however, may be due to a complicating bronchopneumonia.

T. M. T.

#### THE TREATMENT OF PROSTATIC HYPERTROPHY.

Dr. M. Krotoszyner, of San Francisco, contributes in the *American Journal of Dermatology and Genito-Urinary Disease* (July No.) an interesting paper upon the treatment of prostatic hypertrophy, of which we extract the following:—

"The medicinal treatment of prostatic hypertrophy aims to reduce the enlarged gland by injection of certain drugs into the parenchyma of the gland or by their application upon the gland, per rectum (in form of suppositories or small clysmas), or by their internal administration. I have ex-

perimented with several drugs recommended to possess reducing properties (iodine, ichthyol, &c.), but have failed to see any perceptible influence upon the size of the gland or upon the complicating symptoms of prostatic hypertrophy. I have seen temporary relief of the distressing symptoms by the use of some of our California springs (namely, Bartlett) through the beneficial influence of their waters upon the constipation and cystitis of prostatics; the gland, though, remained uninfluenced as a rule, and soon after their return home the patients presented the same intensity of prostatism.

"The organo-therapy in prostatic hypertrophy has in the experience of careful observers not shown any effect. Reinert, English, and others have reported some satisfactory results with the administration of fresh substance of ox-prostates by maintaining such treatment during a period of about two months. But the results of the majority of others are discouraging, and the method is at present abandoned.

"The introduction of Urotropine in the treatment of the complicating cystitis and infection of the upper urinary passages is to be considered a progress and aid in expectant therapy. It is, though, the experience of many observers, as well as that of the writer, that with the discontinuance of the drug the painful symptoms of cystitis will recur.

"Urotropine, taken internally, while methodic dilatation of the prostatic urethra is made, has proved of such benefit in many cases that operative procedures did not need to be considered."

Subscribe for the Medical Times, 50 cents a year.

## BOOK REVIEW

### THE PHYSICIAN'S VISITING LIST FOR 1902.

P. Blakiston's Sons & Co., publishers, 1012 Walnut street, Philadelphia. \$1.00. This is the fifty-first year of publication of this valuable pocket visiting list. It contains the usual data for doses, weights and measures, emergency hints, etc., etc. A very concise book for keeping accounts.

### JOHN L. STODDARD'S LECTURES.

Illustrated, complete in ten volumes. Vol. IX. Balch Bros. Co., Boston, publishers, 1899. Price, \$22 to \$36 per set.

The ninth volume of this series of lectures is devoted to descriptions of Scotland, England and London.

Scotland is mixed with romance, history and heroism; Bruce, Wallace, Burns and the immortal Scott contributed to the above description, to say nothing of Mary Queen of Scots and Queen Elizabeth. The illustrations are extremely picturesque and historic with many a ruined castle or abbey intermingled with vivid descriptions of the historic affairs of romance and crime coincident with the time of Mary Queen of Scots.

England is depicted more as it appears at the present day with many descriptions of the cities and country places, and of the parliamentary buildings and palaces in London with graphic mention of such authors as Shakespeare, Dickens, Byron, etc.

The illustrations are very fine, the plate work and printing being excellent.

### JOHN L. STODDARD'S LECTURES.

Illustrated, complete in ten volumes. Vol. X. Balch Bros. Co., Boston, publishers, 1899. Price, \$22 to \$36 per set.

This volume is devoted to lectures on Southern California, the Grand Cañon of the Colorado River and Yellowstone National Park. Where between the covers of any book could there be grander themes for lectures than the above mentioned subjects? Certainly the photographic plates alone illustrate the magnificent scenery to be found in these regions, and are well worth the whole edition. It is impossible in our limited space to detail this volume as we have the former ones, nor is it as necessary, for the subject is more or less familiar with every reader or traveler. Suffice it to say, therefore, that the Stoddard Lectures are both unique and necessary in every well organized family library, as well as extremely cheap, and within the reach of persons of moderate means.

### THE YOUTH'S COMPANION IN 1902.

To condense in a paragraph the announcement of *The Youth's Companion* for 1902 is not easy. Not only will nearly two hundred story-writers contribute to the paper, but many of the most eminent of living statesmen, jurists, men of science and of letters, scholars, sailors, soldiers and travelers, including three members of the President's Cabinet.

In a delightful series of articles on military and naval topics the Secretary of the Navy will tell "How Jack Lives;" Julian Ralph, the famous war correspondent, will describe "How Men Feel in Battle," and Winston

Spencer Churchill, M. P., whose daring escape from a Boer prison pen is well remembered, will describe some experiences "On the Flank of the Army."

And this is but a beginning of the long list. A complete announcement will be sent to any address free. The publishers also announce that every new subscriber who sends \$1.75 for the 1902 volume now will receive all the issues for the remaining weeks of 1901 free from the time of subscription; also *The Companion* Calendar for 1902—all in addition to the fifty-two issues of *The Companion* for 1902.

THE YOUTH'S COMPANION,  
195 Columbus Avenue, Boston, Mass.

### THREE-QUARTERS OF A CENTURY.

For seventy-five years *The Youth's Companion* has been published every week as a family paper. In these seventy-five years the paper's constancy to a high standard has won the confidence of the American people. It has kept pace with the growth of the country. Its stories, its special articles, its editorials, its selections represent all that is best in American life. For 1902 the foremost men and women of the English-speaking world have been enlisted as contributors. The work of an unprecedented number of new and promising writers has also been secured. Thus the constantly increasing demand for the best reading suited to all members of the intelligent American household will be fully met.

A twenty-eight page Prospectus of the 1902 volume and sample copies of the paper will be sent free to any address. Those who subscribe at once, sending \$1.75, will receive all the

issues for the remaining weeks of 1901 free from the time of subscription; also *The Companion* Calendar for 1902, lithographed in twelve colors, and gold.

THE YOUTH'S COMPANION,  
195 Columbus Avenue, Boston, Mass.

Mr. W. D. Allen, of Chicago, has written a number of popular songs, among which are the following: "All Honor to Admiral Schley," "The Doom of Anarchy," and "Only a Bird on a Lady's Hat," etc., etc.

## OPHTHALMOLOGY

In charge of J. A. TENNEY, M.D., Boston.

Wudemann and Magnus (Sour. Am. Med. Asso.), show that the loss of one eye for an artisan entails a loss of 30 per cent. in his earning ability for the first year after the accident, and 20 per cent. afterward. For the lower trades the loss is 27 and 18 per cent.

Robert J. McKeown (Brit. Med. Jour.), cites a case of injury over the left brow, followed a year afterward by loss of vision to perception of light. The eye was operated upon for cataract five years later, and the iris, which was of a hazel color, was changed to a light blue, like the eye of a wax doll.

Dr. Gould, in *American Medicine*, editorially calls attention to the employment of wood alcohol, on account of its cheapness, in the manufacture of various essences, such as vanilla ginger, peppermint, etc., which are drunk in prohibition districts for their intoxicating effect. It is well known that wood alcohol is extremely dangerous to life; and an alarming number of cases of blindness from its



use have been reported within two years.

Mr. Archibald Stanley Percival, at the last meeting of the British Medical Association, contended that when the eyes of myopes were converged and depressed, as in ordinary reading, the chief strain came upon the superior obliques. They exert a lateral pressure upon the eyeball, squeezing it into the shape of a lemon. He advised reading in an arm chair, in such cases with the book on a level with the eyes. By these and similar methods he had been able to arrest progressive myopia in four notable cases.

Charles S. Blair, F. R. C. S. (Brit. Med. Jour.), describes a new refractometer of his invention, consisting of a reversible frame, which is placed upon the patient's face like an ordinary spectacle frame, and carries a series of revolving lenses, arranged so that ninety-four can be placed before each eye. The instrument, an illustration of which is found in the *Journal* of October 19th, weighs but five ounces, and can be carried in the pocket. The lenses are seven-eighths of an inch in diameter.

At the last meeting of the British Medical Association, Priestley Smith said that in a large number of cases progressive myopia comes to a standstill between the ages of fifteen and twenty-five. In many cases myopia remains an innocent condition during life. Other things being equal, the higher the degree the more likely is it to increase. High myopia in a child is very bad. If he has ten dioptries when he is ten years old, he will have twenty dioptries when he is twenty. Fortunately such cases are rare. Vision diminishes as myopia increases. Hereditary myopia is often of an innocent type.

Dr. Fred. D. Lewis (Am. Med.) holds that parents should not wait until their children have ocular headaches, but should see that their eyes are examined before hard school work begins. Enlightened parents have the teeth of their children examined before the cavities are formed; then why should the eyes be neglected, when of all the senses we possess, that of vision uses up the most energy? He cites the case of a school teacher in New Hampshire who was afflicted with indigestion. He used his eyes constantly, but was not conscious of having any eyes. An examination revealed a high degree of astigmatism, at unsymmetric angles. Glasses cured his indigestion without drugs of any kind.

Dr. F. W. Eldridge-Green (Brit. Med. Jour.) believes that the rods and cones have entirely different functions. He thinks that the light acting upon the retina liberates the visual purple from the rods, producing a photograph which is conveyed to the brain by means of the cones and optic nerve fibres. According to this hypothesis, the cones are only sensitive chemical changes in the visual purple, and not to light itself. He cites in support of this theory the fact, that light may fall upon the fovea without producing any sensation, and also the fact that a perceptible interval elapses before we can see with the fovea after we open our eyes.

Dr. J. G. Huizings (Am. Med.) advocates, in addition to established methods of treatment for trachoma, copper or silver electrolysis, holding that the disease is caused by a germ. He deposits the salts of silver and copper in the affected tissue, using an electrode of pure metal, one centi-

meter wide, one and a half long, and one millimeter thick. He pushes this electrode up into the conjunctival fornix, keeping it constantly moving, so that every part of the membrane will be touched. He uses a five milliampere current, which is stopped when the conjunctiva shows the peculiar greenish tint indicating the deposit of copper in that tissue. This is applied twice a week. At the same time he uses a twenty-five per cent. solution of protargol twice a day and the boric lotion every hour. He finds this treatment followed by gratifying results.

### **Physiologic Therapeutics.**

IN CHARGE OF

Dr. W. H. WALLING, PHILA.

#### **TREATMENT OF LUPUS WITH PERMANGANATE.**

Butte (*Merck's Archives*, March, 1901,) recommends the following method of treatment as very efficacious: The entire locality affected with lupus is carefully washed either with ichthyol soap or with the following antiseptic emulsion:

R	
Corrosive sublimate,	5 grains
Tincture of benzoin,	75 minims
Tincture of soap,	1½ ounces
Distilled water,	7 ounces

After applying this, follow with a compress saturated with a warm 2 per cent. solution of potassium permanganate, to be kept on for 12 or 15 minutes. This treatment is repeated every day. In about 10 days the tubercles are covered with a blackish coating and are flatter; to the touch they no longer give the sense of elevation, but are atrophied and what is left of them is of a soft consistence.

After the first 10 days, the treatment is to be applied only every other day, but must be continued for a period of 2 or 3 months. At the end of this time no more tubercles are to be seen, and the skin presents a smooth appearance; though it is red and cicatricial in character, the process seems to be arrested. Should any new tubercles reappear, a few applications of permanganate causes them to disappear. Of 16 cases treated, only 1 required a full year's treatment. In the rest the above-described results were obtained in from 2 to 3 months.

#### **LUPUS VULGARIS SUCCESSFULLY TREATED WITH ETHYL-CHLORID.**

Dethlefsen (*Treatment*, April, 1901,) reports the following case: The patient was a girl, aged 29, suffering from lupus of 12 years' duration. The ulceration involved a large part of the nose and left cheek. The treatment consisted in a thorough freezing of the affected parts, but without previous scraping. During the first week the freezing was done daily; later every second or third day; and toward the end of the treatment once or twice a week. Each freezing was followed by a great rush of blood toward the affected part. Serous transudation followed and formed a crust. This crust was removed before the next freezing, but only so far as it could be done without lacerating the parts. After 10 weeks' treatment there was complete restoration of the skin without the slightest loss of substance.

[The application of sunlight by means of a burning-glass, has also been recommended for the treatment of lupus.

The X-ray is a very valuable agent in the treatment of lupus, or tuberculosis of the skin, as well as in pulmonary tuberculosis. In the latter condition most remarkable results have been attained.—Ed.]

#### VISCOGEN, A NEW MILK ADULTERANT.

Housekeepers and pure-food commissioners have a new foe to fight. It is viscogen as a milk adulterant. It has been found by inspectors of the dairy department in Minnesota, and so far as known, its use is yet confined to that State. When its properties become generally known, however, it may confidently be looked for elsewhere. It is a syrup composed of sugar, lime and water, about the color of water, and is used chiefly to make the milk appear richer than it really is. When viscogen is placed in milk or cream the lactic acid turns the lime in the fluid into a white, thick substance, which, assimilating with the milk, gives it an appearance and taste of great richness. It is possible through its use to palm off upon customers milk and cream which are far below the standard.—*Medical News*.

#### CANCER OF THE UTERINE NECK.

At the recent meeting of the American Medical Association, Dr. J. M. Baldy, of Philadelphia, read a paper upon the above subject. He takes a very gloomy view of the curability of cancer of the cervix. He passes under review the statistics on the disease and the results of operations that have been performed for its relief. He holds that these statistics do not show that 5 per cent. of the cases have been cured; but he is strongly of the opin-

ion that 2 per cent. would be nearer the truth. He contends that to do anything towards the cure of these cases the diagnosis must be made at an early period in the disease. He denounces the tendency of the present day to pay so much attention to laboratory work and so little to clinical study and symptoms. He takes strong exception to recent statements that "the early stages give little or no clue to the real nature of the disease." He attaches great importance to the three great symptoms: pain, odorous discharges, and hemorrhage. If these are accompanied by loss of flesh the case is very clear. These symptoms, properly studied, will enable one to make an earlier diagnosis than by the microscope.

#### NEW BLOTTING-PAPER TEST OF THE BLOOD.

S. Pertot (*Wiener Klinische Woch.*, August 15th) says that the factors that enter into the absorption of fluids by a porous substance are both physical and chemical. Pertot suggests a new method of clinical diagnosis of the blood at the bedside, which is based on absorption, and is so simple and inexpensive that it is within the reach of everyone. All that is required is a square of good blotting-paper about the size of a playing card. A small amount of blood is aspirated in a pipette and mixed with water, in the proportion of 2.5 cm. to 1 cm. The blotting-paper is placed on a sheet of glass and the pipette is placed inverted upon it, held perpendicularly in a small standard, just touching the paper. The fluid is slowly absorbed by the paper, and forms rings of various hues, the tints and size of the rings characteristic of

the different composition of the blood. Two pipettes are always used, in one the blood is diluted with water from the faucet and in the other with distilled water, as the resulting pictures differ with these media, probably owing to the presence of salts in the undistilled water. Pertot has made hundreds of these blotting-paper pictures of the blood, and found them invariably identical under the same condition of health and disease. The color fades in time, but the rings are still perceptible. The clearest pictures were obtained with the blood of new-born infants; their blood contains a larger proportion of reds than that of adults. Paper treated with dilute hydrochloric acid exhibits a picture resembling a narcissus flower.—*Journal of the American Medical Association.*

#### STARTLING FACTS ABOUT SUGAR.

As a good deal has recently appeared in print regarding the consumption of sugar, and as the importance of this article as a food, in which every individual is concerned, is apparently not sufficiently understood, the following facts and figures furnished to us by the well-known sugar statisticians, Messrs. Willett and Gray (91 Wall Street, New York), who are the publishers of the weekly *Statistical Sugar Trade Journal*, must necessarily be of great interest to all our readers:

#### RAW SUGAR.

	Tons.
Total consumption, U. S., 1900, (Willett and Gray)	2 219 847
Add 6.34 per cent. average annual increase in consumption last 19 years	140 738
Consumption for 1901	2 360 585
Of which	Tons.
Louisiana produces	350 000
Beet (domestic) produces	150 000
Hawaii (free) produces	350 000

Porto Rico (free) produces	150 000	1 000 000
	1 850 585	
Paying duty at an average of say \$36 per ton (Equivalent to \$40 per ton in Granulated) (Price increased because of tariff, \$36 per ton.)		\$49 981 080
Total consumption, 2,360,585 tons @ \$36		\$84 981 080
Additional, people taxed annually and pay to provide 49 millions for revenue		\$36 000 000
Viz.:		
To Louisiana planters on 350,000 tons at \$36 per ton		\$12 600 000
To domestic beet planters on 150 000 tons at \$36 per ton		5 400 000
To Hawaii planters on 350,000 tons at \$36 per ton		12 600 000
To Porto Rico planters on 150,000 tons at \$36 per ton		5 400 000
		\$36 000 000

Remove duty and the whole \$84,981,060 accrue to the public. On October 8th, the quotation for Cuba Centrifugal sugar, 96 per cent. test, free on board Cuba, was 1.96 cents per pound, and the duty on same amounted to 1.685 cents per pound, which is equivalent to 86 per cent. ad valorem. (Signed)

WILLET & GRAY,  
91 Wall Street, New York.

#### CALIFORNIA OIL INVESTMENTS.

The Hollister Crude Oil Company is offering its stock to investors under an absolute guarantee for the full purchase price, under the following conditions: The price of the stock is one dollar per share, and is issued in blocks of 100 shares or more, stock to be delivered to investors. When the stock is purchased the company will deposit in any bank specified by the investor, a gold bond as security to cover the full amount invested, with the understanding that if at any time within two years from date of certificate of stocks, the investor becomes dissatisfied, the gold bond will be delivered as payment upon surrender of the stocks. This gold bond matures



in 25 years and draws interest at the rate of 3 per cent. per annum, payable semi-annually, and is certified by the California Safe Deposit and Trust Company, one of the leading banking institutions of San Francisco. If at the expiration of two years, the investor does not wish to surrender his stock, the gold bond is returned to the company and becomes an asset. This offer insures a positively secure, interest-bearing investment, with no possible chance of loss. The Hollister Crude Oil Company was incorporated under the laws of Arizona. The stock is non-assessable, and stockholders can not become liable for any debts of the company. The company has no salaried officers, and every cent received from sale of stock is used in development work, on the company's fine tract of 100 acres, in the famous Hollister district, in San Benito county. The property is located four miles south of the town of Hollister, on the Southern Pacific Railroad, and only 95 miles from San Francisco. Competent experts have declared this land to be rich in oil and that every acre of it is in the oil belt and will produce a paying well. The company has an abundant supply of water which decreases the cost of development very materially. All of these advantages help to make the Hollister Creek stock more valuable. Many companies are seriously handicapped by being too far from market with means of reaching it. This company's land adjoins the railroad where switches and tanks can be erected at any point, and within a few hours from the time when the oil is taken from the well, it can be placed in the refinery or in the tanks of the consumers. The company intends to continue developing until it has a large

number of wells. Every acre is capable of supporting at least one good well. The product of this hundred acres is sure to be something enormous and, even at a very small price, the returns will be handsome but the increasing demand for both crude and refined oil is a guarantee that the price of oil will be maintained at a good figure for years to come. After a well is drilled and oil is struck, the cost of production is cut down to the smallest figure. There is nothing to do but let nature act. In any other kind of mineral development, the expenses keep pace with and often outrun the returns. In mining a large per cent of the product of even the best mines is eaten up by the expenses of operating. But in oil production, after the well is bored and cased and the oil begins to flow, there is practically no further expense. It seems that a reliable company could not make a fairer offer than the Hollister Crude is making in its gold bond proposition. If the investor does not gain on his investment, he will surely not lose and he will get 3 per cent. on the money invested. The Company's office is located at 308 Market street, San Francisco, Cal. See advertisement.

#### HEMORRHOIDS.

BY GEO. A. HEWITT, M. D.

The power of Glyco-Thymoline to relieve turgescence is admirably shown in Hemorrhoids, especially of the internal variety.

This affection very frequently occasions severe distress; pain, itching and hemorrhage combine to render the patient miserable. In some instances they become seriously debilitated. In the earlier periods of the

malady, a practical cure may be obtained by the use of Glyco-Thymoline as an injection and compress. The preparation is diluted with an equal quantity of water, and of the mixture, from two drachms to one-half ounce are thrown into the rectum by means of a small syringe. This operation is performed two or three times a day. In the intervals it is a good plan to insert a wad of absorbent cotton, saturated with the fluid, into the rectum in order to secure a more constant action. The remedy has also been given with success by the mouth in such cases, the dose being a teaspoonful, well diluted.

Cases in illustration of this mode of treatment are:

Case I. A man, fifty years of age, of robust build, who had always enjoyed good health and muscular vigor, was seriously afflicted. The tumors were not large but they gave rise to intense, lancinating pain in the rectum, shooting likewise into the urethra. There were frequent hemorrhages. For a month or more the man had been unable to sleep much, and had lost considerable flesh. The use of the remedy as indicated above, was followed by a very happy result. The symptoms were rapidly ameliorated, and by the end of the month had entirely disappeared.

Case II. In the similar, though less severe case of a man, fifty-two years of age, there was pain and occasional bleeding, but the most prominent symptom was distressing pruritus. All manifestations were fully relieved by the use of Glyco-Thymoline.—*The Medical Bulletin*, March, 1900.

A. S. Leonard, M. D., Brooklyn, N. Y. states: "A short time ago I tried Glyco-Thymoline in a case of Hemor-

rhoids, woman of fifty years. Gave equal parts injections twice daily. I was surprised to note the quick and apparently lasting relief."

January 19, 1900.

J. Kahn, M. D., New York City. states: "I used Glyco-Thymoline lately in a case of Hemorrhoids. It was of the bleeding form, so bad that hemorrhages were very excessive and weakening. The relief given both to the symptoms of pain and hemorrhage was very quick. The first injection seemed to bring relief. My treatment consisted of Glyco-Thymoline and water (equal parts) twice daily by injection, also advising small injection preceding a movement of the bowels."

November 23, 1899.

KRESS & OWEN COMPANY, 221 Fulton Street, New York.

Manufacturers of Glyco-Thymoline, K. & O. Nasal Douche.

#### CHANGES IN THE MEDICAL CORPS OF THE NAVY.

*Week ending October 19, 1901.*

Oct. 14th. Assistant Surgeon F. M. Furlong, ordered to the Naval Hospital, New York, for treatment.

Oct. 14th. Pharmacist I. M. Hurd, detached from the Boston Navy Yard and ordered to the Wabash.

Oct. 16th. Surgeon S. H. Griffith, order to report for duty as a member of medical examining boards modified, ordered to report as a member of the medical examining board only, and not as a member of board for examination of medical officers.

Dr. H. R. Webb, commissioned Assistant Surgeon from October 11, 1901.

*Week ending October 26, 1901.*

Oct. 21st. Surgeon J. M. Edgar,

ordered to the Wabash, Oct. 23d, as relief of Surgeon H. G. Beyer.

Surgeon H. G. Beyer, detached from the Wabash, upon reporting of relief, and ordered to the Prairie, when put into commission.

Assistant Surgeon, R. T. Atkinson, detached from the Wabash Oct. 30, and ordered to the Prairie, when put into commission.

Assistant Surgeon D. B. Keer, ordered to the Wabash, Oct. 28th.

Assistant Surgeon E. Thompson, ordered to the Naval Hospital, Boston, Mass., Oct. 26th.

Oct. 22d. Surgeon C. Pickrell, detached from the Columbia, upon reporting of relief, and ordered to the Naval Dispensary, Washington, D.C.

Surgeon P. Leach, ordered to the Columbia, as relief of Surgeon G. Pickrell.

Passed Assistant Surgeon R. M. Kennedy, ordered to the Franklin.

Assistant Surgeon A. G. Grunwell, ordered to the Naval Hospital, Norfolk, Va., Nov. 1st.

Assistant Surgeon L. W. Bishop, ordered to the Independence.

Oct. 24th. Pharmacist H. Henry, detached from the Independence and ordered to the Bureau of Medicine and Surgery, Navy Department.

*Week ending November 2, 1901.*

Oct. 26th. Assistant Surgeon R. T. Orvis, detached from the Pensacola, upon reporting of relief, and ordered home and to wait orders.

Assistant Surgeon U. R. Webb, ordered to the Pensacola, as relief of Assistant Surgeon R. T. Orvis.

Oct. 28th. Medical Inspector F. Rogers, having been examined by a retiring board and found incapacitated for active service on account of disability incident thereto, is retired from active service, Oct. 28, 1901,

under the provision of section 1453, Revised Statutes.

Surgeon D. O. Lewis, detached from the Philadelphia, ordered home and granted sick leave for three months.

Oct. 29th. Passed Assistant Surgeon R. T. Orvis, commissioned Passed Assistant Surgeon from May 27, 1901.

Passed Assistant Surgeon G. L. Angeny, commissioned Passed Assistant Surgeon from Sept. 16, 1901.

*Week ending November 9, 1901.*

Nov. 1st. Surgeon F. Anderson, detached from the Naval Dispensary, Washington, D. C., Nov. 7th, and ordered to the Alabama, Nov. 9th, as relief of Surgeon E. H. Green.

Surgeon E. H. Green, detached from the Alabama, Nov. 9th, and ordered to duty as a member of the medical examining board, Washington Navy Yard, Nov. 15th, as relief of Surgeon A. C. H. Russell.

Nov. 2d. Medical Director J. G. Ayers, retired from active service Nov. 3, 1901, by operation of law, under the provisions of section 1444, Revised Statutes, upon which date he will have reached the age of 62 years; with rank and three-fourths the sea pay of the next higher grade, under the provisions of section 11, Navy personnel law.

Nov. 6th. Assistant Surgeon R. M. Young, detached from the Columbia and ordered to the Constellation for temporary duty.

*Week ending November 23, 1901.*

Nov. 15th. Surgeon L. L. Von Wedekind, ordered to the Cincinnati, Dec. 2.

Nov. 16th. Medical Inspector L. G. Heneberger, commissioned Medical Inspector from Oct. 29, 1901.

P. A. Surgeon H. H. Haas, commissioned P. A. Surgeon from Dec. 28th, 1900.

Nov. 19th. Surgeon H. L. Law, retired, additional duty as Examining Surgeon at Marine Recruiting Station, Buffalo, N. Y.

P. A. Surgeon H. D. Wilson, detached from Naval Hospital, Norfolk, Va., ordered home and granted three months' sick leave.

The leave granted Surgeon John W. Ross, U. S. Navy, retired, is extended one month. From Circular letter, Dept. of Cuba, dated Nov. 11th.

*Week ending November 30, 1901.*

Nov. 22d. Assistant Surgeon J. J. Snyder, ordered home and granted three months sick leave.

Assistant Surgeon Edgar Thompson, detached from the Naval Hospital, Chelsea, Mass., and to duty at the Charleston Exposition in charge of the exhibit of the Medical Department of the Navy, and in attendance on the Marine Guard, and the Marine Recruiting Rendezvous.

Medical Director R. C. Persons, commissioned Medical Director from Nov. 3, 1901.

Medical Inspector E. H. Green, commissioned Medical Inspector from Nov. 3, 1901.

Nov. 25th. Surgeon N. H. Drake, detached from duty as member of the Medical Examining Board, Naval Laboratory, New York, and ordered home to wait orders.

Surgeon A. C. H. Russell, ordered to duty as member of the Medical Examining Board, Naval Laboratory, New York, Dec. 4th.

Nov. 26th. Assistant Surgeon D. G. Beebe, resignation accepted to take effect Nov. 30, 1901.

Nov. 27th. Assistant Surgeon Ed-

gar Thompson, commissioned a P. A. Surgeon from April 19, 1901.

Dr. J. B. Buchanan, appointed an Assistant Surgeon in the Navy from Nov. 23, 1901.

*For week ended November 16, 1901.*

November 8th. Pharmacist J. Cowan ordered to the Boston Navy Yard.

November 11th. Surgeon C. T. Smith detached from the Amphitrite and ordered to the Puritan, when commissioned.

P. A. Surgeon R. S. Blakeman detached from Naval Hospital, Norfolk, Va., and ordered to the Hartford.

Asst. Surgeon E. G. Parker detached from the Hartford and ordered home and to wait orders, on relief reporting.

November 13th. Asst. Surgeon W. L. Bell, detached from the Naval Hospital Cavite, and ordered home to wait orders.

Asst. Surgeon L. W. Bishop, detached from the Independence, November 25, and ordered to Naval Hospital, Cavite, P. I.

Asst. Surgeon H. C. Curl, detached from the Naval Hospital, Cavite, upon reporting of relief, and home to wait orders.

Asst. Surgeon [G. M. Mayers detached from the Pensacola Navy Yard and ordered to the Naval Hospital, Cavite, P. I.

November 14. P. A. Surgeon C. M. DeValin detached from the Naval Hospital, Portsmouth, N. H., and ordered to the Rainbow.

P. A. Surgeon S. G. Evans ordered to the Naval Hospital, Portsmouth, N. H.

Asst. Surgeon W. H. Bell detached from the Franklin, and ordered to the Naval Hospital, Norfolk, Va.



[Reprinted from "Ärztlicher Central Anzeiger,"  
Vienna, Austria. September 20, 1899.]

**A CONTRIBUTION TO THE THERAPEUTICS OF PEPTO-MANGAN,  
"GUDE."**

BY DR. LUDWIG POHL,

City Physician of Vienna, Austria.

It is about five years ago that I first had occasion to test Gude's Pepto-Mangan. The curative results obtained from its use were so surprisingly good that I decided to thoroughly experiment with this preparation on my abundant clinical material, the outcome of which is reported in this article.

The number of remedies introduced every year into the market are so numerous that for this reason alone it would be impossible to employ all of them, even if only experimentally, or only to make a careful choice. Pepto-Mangan appealed to me strongly in the first instance for reasons that I shall explain. Although inclined to think well of this preparation from the first, I would remark that my observations were instituted without bias, and that my investigations were carried out in a strictly scientific manner.

I was led to make a thorough study of this preparation by the subjective statement of the patients that it never caused the least disturbances, the objective evidences of improvement, and, besides these, by the following considerations.

According to the views of many authors, iron preparations, to be efficient, must exert not only local but distant, that is, general effect. In chlorosis and in many severe cases of anæmia chalybeates are said to remove the hydrogen sulphide, formed frequently in large amount in the alimentary tract, by the combination of

the iron with the sulphur. This removal is necessary, because hydrogen sulphide, if present in too large quantity, renders impossible the absorption of the iron in the food by precipitating it in the form of sulphide of iron. It is known, however, that not only iron but also manganese is adapted in a high degree for taking up hydrogen sulphide. Manganese, therefore, acts as an auxiliary to iron in this respect.

Another circumstance was decisive for me. A large number, almost all, of the officinal ferruginous preparations are absorbed only to a slight extent when administered internally. This can be maintained on the ground of the fact, that in animals and human beings positive evidence of the entrance of these preparations into the blood cannot be obtained, if the persons experimented with have not intestinal catarrh or have not received excessive doses of iron. The more the preparation approximates to the form in which iron is contained in the food, the more likely it is to be absorbed. The peptonizing of an iron preparation is therefore of decided advantage, as its absorbability and assimilability is thereby enhanced to a considerable degree. Aside from this, the peptone combination is adapted for exerting the systemic effect. This general action of iron preparations only takes place if after absorption they undergo conversion into hemoglobin. *Hence this conversion is only possible in the case of preparations which contain iron in form of an organic combination.* They will then act even when containing a much smaller percentage of absolute iron.

It was therefore the chemical constitution of the preparation which appealed to me, and which induced me

to undertake extensive experiments.

The cases in which I employed Gude's Pepto-Mangan comprised chiefly the poorer class of people. I mention this particularly, because with these patients it is difficult or well nigh impossible to pay attention to the hygienic conditions or to consider the dietetic side of the treatment. Notwithstanding this, the results were favorable. Of course, they were most satisfactory in the case of those patients who were also able to carry out the hygienic and dietetic regulations.

Numerous cases of chlorosis, anaemia, neurasthenia and hysteria, as well as two cases of malarial cachexia, were submitted to careful and thorough observation.

In many cases, determination of the bodily weight, measurements of the blood pressure, estimates of the hemoglobin percentage and blood counts were made.

As regards the bodily weight, I observed in sluggish, obese, chlorotic patients a reduction in flesh as well as improvement of the general state. The high absorbing power of the preparation and its ready conversion into hemoglobin increases the oxygen capacity of the blood; *pari passu* with this there is an improvement of the metabolism, the oxidation, which takes place at the expense of the non-nitrogenous elements of the body, that is the adipose tissue. In the case of lean persons I combine with this treatment rest in bed for several weeks, to which may be ascribed the increase of bodily weight observed.

There was a constant change in the conditions of blood pressure. In almost all the chlorotic patients the blood pressure, estimated by Basch's

sphygmomanometer, became considerably higher. In many of my cases I noticed improvements in the blood pressure of 40 to 60 millimetres in the course of four weeks. Besides this, the fluctuations of blood pressure, so frequently observed during changes of position, disappeared; the pulse frequency diminished considerably; and the subjective disturbances connected with the circulatory apparatus, especially the troublesome palpitation of the heart, subsided. I would remark that this amelioration occurred under the use of no other remedy in so short a time as under that of Gude's Pepto-Mangan.

In judging of the value of an iron preparation, conclusive evidence is afforded by estimates of hemoglobin and blood counts. To determine the hemoglobin I employed Fleisch's hemoglobinometer, and as a solvent a 0.6 per cent. sodium chloride solution; for blood counts I made use of the apparatus of Thoma-Zeiss and a 2.5 per cent. solution of potassium bichromate for the red blood corpuscles; the white were not counted.

To demonstrate the changes in the hemoglobin and in the number of red corpuscles, I report here the history of a girl, 16 years old, affected with marked chlorosis. The disease was almost of two months' duration and attended with general functional disturbance. There were present mental anxiety, a disinclination to work, to enjoy life, or move about, marked muscular weakness, cardiac palpitation, difficulty in breathing, loss of appetite, headache, vertigo, restless sleep alternating with sleeplessness. The patient came from healthy parents, had previously been always healthy, and menstruated for the first time in her fifteenth year, but scantily

and irregularly. Marked pallor of the skin and mucous membranes was noted; the lungs were normal. The area of cardiac dullness was enlarged toward the right side; blowing murmurs were heard over all the valves, and a bruit over the jugular vein. The radial artery was very small and soft; the pulse frequency 110. The spleen and liver were normal in size; there were no glandular swellings; the bones were not tender to pressure. The urine contained no abnormal constituents.

The percentage in hemoglobin in the blood was 35 per cent.; the number of red blood cells 2,700,000 to the cubic millimetre. The white cells were not increased; otherwise the condition of the blood was normal.

The treatment was as follows: The patient was advised to live on a mixed diet, with an abundance of fresh air and moderate out-door exercise. She also took three teaspoonfuls of Gude's Pepto-Mangan daily.

The increase of hemoglobin and of the number of red corpuscles is shown in the following:

		HEMIGLOBIN.	RED CORPUSCLES.
At the end of 1st week,	45 per cent,		3,280,000
" " " 2d	" 60 "	"	4,100,000
" " " 3d	" 70 "	"	4,500,000
" " " 4th	" 75 "	"	4,900,000
		To the cubic millimetre.	

Before proceeding with the history of this case, I would emphasize the fact that the number of red blood cells increased more than one and one-half million, while the increase of hemoglobin amounted to more than 100 per cent. *Such marked improvement in the condition of the blood under the treatment with Gude's Pepto-Mango was not unusual, but rather the rule in chlorosis.* And it may be assumed with certainty that the above described effect is attributable to the high absorbability of this preparation

as compared with the numerous other chalybeates, and further, to the combined action of iron and manganese upon the blood-forming organs. I would add that numerous investigators, such as Hannan, Kugler, and many other authors, have called attention to the important part played by manganese both in the blood and as a hematogenic remedy.

In the case under consideration, there was a perceptible improvement in the patient's subjective and objective state. The existing disturbances subsided gradually; the cardiac palpitation, loss of appetite and sleeplessness disappeared, and after four weeks' treatment she was discharged cured.

*It is not the purpose of this report to detail numerous histories of cases, and I shall content myself with briefly mentioning that I have treated more than 100 cases of chlorosis with Gude's Pepto-Mangan with as good results as those above described, except that in some instances the results did not appear as promptly. The fact cannot be sufficiently emphasized that during the entire course of treatment the remedy did not have to be discontinued on a single occasion, although this must be often done with other ferruginous preparations. I never heard a complaint that the preparation was not well tolerated; on the contrary, the patients stated that they did not experience the slightest disturbance, even during its prolonged use, and that it acted mildly, was well borne, caused no disturbance of digestion, but rather promoted the latter, and was free from any disagreeable taste.*

I have previously mentioned that it may be positively assumed that Pepto-Mangan "Gude" stimulates the hematopoietic organs to increased ac-

tivity. Numerous blood findings discovered casually by me, the appearance of the so called immature forms of blood corpuscles, constrain me to take this view. Of much greater importance is the circumstance, however, that in numerous diseases of the blood occurring in connection with the lymphatic and blood making organs I have derived excellent results from the use of Gude's Pepto-Mangan.

Decided amelioration in the Leucæmic state, arrest of the process in severe cases for a long time, reduction of the glandular swellings, improvement in the relation between red and white corpuscles, were noted by me in several cases under my care.

In my opinion, the value of ferruginous preparations in neurasthenia and hysteria has received too little consideration. The success of a rational therapy depends upon an effective application of all methods of treatment and remedies which enable us to combat the entire group of symptoms. An easily absorbable ferruginous preparation is of incontestable benefit, and I believe that Gude's Pepto-Mangan occupies a prominent place in this connection. It is not my intention here to institute comparisons with various iron preparations. I would emphasize, however, for reasons already mentioned and which are especially based upon the composition of Gude's Pepto-Mangan, that I prefer the latter preparation, and have employed it successfully in all conditions where it is necessary to improve the quality of the blood.

In conclusion, I would mention that I have obtained excellent results from Gude's Pepto-Mangan in two cases of severe malarial cachexia. In the one case the treatment occupied three

weeks, in the other five weeks. Both cases were cured. *It is of interest that in the first case in which a malarial attack had not occurred for some time, a typical paroxysm with rigor, fever and sweats developed.* After one week's treatment the attack failed to recur, and for this reason I was unable to search for plasmodia. I am not disposed to overestimate this occurrence, nor to make it the subject of theoretical reflections. I am decidedly of the opinion, however, that this attack is attributable to an influence of Pepto-Mangan "Gude" upon the spleen.

In all particulars, Gude's Pepto-Mangan is an excellent preparation, which bids fair to occupy a permanent place in the materia medica. I would be pleased if through this article I had directed attention to this valuable remedy, and incited others to undertake experiments and report their observations.

#### LEGACY TO THE METROPOLITAN HOSPITAL AND DISPENSARY.

By the will of the late Dr. Henri Guilbault, the Metropolitan Hospital and Dispensary of New York, No. 248 East Eighty-second street, receives \$3,000. This institution was founded by the late Dr. T. J. McGillicuddy. It now includes on its medical staff several of the most noted members of the profession in New York. Dr. Thomas H. Manley is the senior surgeon and president of the medical board.

DIAGNOSIS NOT QUITE CORRECT.—  
"I don't like your heart action," the doctor said, applying the stethoscope again. "You have had some trouble with angina pectoris."

"You are partly right, doctor," sheepishly answered the young man. "Only that ain't her name."—*Chicago Tribune.*



